

questions. What was it? How was it transmitted? Could it travel by air? Should we be afraid?

As reports of the illness grew, so did the public anxiety. Never before had we seen a virus with such power to destroy—to destroy cells, cellular function, to destroy lives, families, and entire communities.

During my surgical residency, we began to treat blood in the operation room as potentially toxic, potentially deadly. We began wearing double gloves, masks in the operating room. And we took these precautions to protect ourselves, not our patients. The emergence of HIV/AIDS changed the practice of medicine, public health, and it changed the public consciousness.

Fast forward to 2003. The Centers for Disease Control and Prevention estimate that between 850,000 and 950,000 Americans are infected with HIV/AIDS. One quarter of them do not know they have it and for the first time in many years we are seeing an increase in rate of HIV infection.

CDC experts estimate that, since the virus was first identified, 500,000 Americans have died from AIDS-related illnesses.

The number of new infections among adolescents is rising, and rising disproportionately among minorities. AIDS is the leading cause of death among African Americans 25-44 years of age. It is the second leading cause of death among Latinos of the same age group. In Shelby County in my home State, African Americans comprise 45 percent of the population, but make up 75 to 85 percent of county residents infected with the virus.

Over the course of more than 20 years of treating patients, I have seen first hand the deadly results of HIV infection. I have also seen the devastation it wreaks across entire communities: mothers who unknowingly transmit the virus to their newborns; children who suffer the double curse of being HIV positive and orphaned by parents taken by the disease.

Fortunately, since those early days, researchers have discovered methods to double the life expectancy of people with HIV/AIDS. They have developed new and powerful drugs for the treatment of HIV infection, and researchers continue making advances in the treatment and prevention of AIDS-related opportunistic infections. We may not yet have a cure, but we are working around the clock to find one.

Key to this effort has been the Ryan White CARE Act first passed in 1990. The Ryan White CARE Act forms a unique partnership between Federal, local and State governments; nonprofit community organizations, health care and supportive service providers. For the last decade, this legislation has successfully provided crucial support services for low-income, uninsured and underinsured people with HIV/AIDS.

In particular, through the AIDS Drug Assistance Program, the CARE Act has helped patients gain access to life saving drugs.

In 2000, more than 125,000 people living with HIV and AIDS received drug therapy because of this provision. Without the CARE Act, none of these individuals would have had the necessary resources to get the drugs they need which can total a whopping \$12,000 per year.

And when we say the CARE Act, we must pay proper tribute to the American taxpayer who is making this compassionate intervention possible.

Paradoxically, because of our success in decreasing AIDS mortality, however, the total number of individuals living with HIV disease continues to climb; and more individuals are becoming dependent on these programs. But success should not breed failure.

Congress has demonstrated its commitment to ensuring the availability of funds to meet this need by increasing funding for Ryan White programs from \$656 million when I entered the Senate in 1995 to more than \$1.9 billion last year. The bill passed yesterday provides more than \$2 billion for these programs, an increase of almost \$24 million.

I know many are concerned that, because of State funding shortfalls, some States have begun to restrict their AIDS drug assistance programs. This year, Congress has provided more than \$20 billion in fiscal relief to the states. It is my hope that some of those funds will be used to improve and maintain access for HIV patients.

I thank the chairman for the hard work he has put into crafting the Labor-HHS bill that is currently before us. In 1996, I had the pleasure of working with Senator Kassebaum to reauthorize the Ryan White CARE Act and put in place a number of essential improvements. Again in 2000, when the law was up for reauthorization, I worked with Senator KENNEDY and Senator JEFFORDS, among others, to put in place another round of critical improvements.

I know that Chairman SPECTER faces many challenges in developing this important legislation every year, and I commend him for his leadership.

He did an excellent job in securing Senate passage of this bill under certain constraints. It is my hope that we will be able to address this issue further in conference, in next year's budget cycle, and through the upcoming reauthorization of these vital programs.

I close with a report from my home State of Tennessee. This morning a gentleman named Albert Jones came to visit my office. Mr. Jones is the executive director of New Directions, Incorporated, an organization based in Memphis which serves people infected with HIV/AIDS.

He and representatives from the National Minority AIDS Council came to describe what they encounter down in Shelby County and what they think we need to do to fight the epidemic.

What Mr. Jones hears most from HIV/AIDS patients is that they need better access to health care services.

Getting to and from treatment is often the biggest obstacle. He also urges us to support early treatment for HIV/AIDS, so that HIV becomes a chronic rather than fatal disease.

Mr. Jones had a colleague who recently died of AIDS. He tells me that his colleague was so engrossed in his work, so dedicated to the cause, that he worked right up until the day he went to the hospital the very last time.

By passing the Ryan White CARE Act yesterday, may we honor this man's strength and commitment by continuing the fight against HIV/AIDS here and around the world.

CONGRATULATING MARY THOMPSON

Mr. DASCHLE. Mr. President, today I offer my best regards and sincere congratulations to Mary Thompson as she is being honored as the First Lady of Aberdeen, SD. As you know, Aberdeen is my hometown. Since 1948, we've had the tradition of naming a First Lady of the town. The First Ladies of Aberdeen, sponsored by Beta Sigma Phi, are selected for their outstanding service to the community in many areas including culture, religion, education, arts and politics. Mary has been very active in each and every one of these areas.

Mary has served the Plymouth Congregational Church as secretary-treasurer, as leader of Puritan Circle, and she has held various officer posts with Women's Fellowship and numerous other committees. As a proud born Norwegian, Mary has actively participated in Sons of Norway for many years. She and her husband, Robert, have opened their home and welcomed visitors from across the country and the world. Mary is also an Avera St. Luke's Hospital Auxiliary member; for several years, she has worked in the gift shop and on special projects. Now retired, Mary records movies and television specials and takes them to the sick, lonely and shut-ins.

I have had the pleasure of knowing Mary since I was a small child, and I consider her a dear friend and gracious lady. Mary and my mother, Betty, have been friends for many years, and both love playing bridge. For nearly 50 years, Mary has played bridge with the Northern State University Faculty Bridge Club. She attended college at NSU, earning an elementary education degree. There, she met and married the love of her life, Robert Thompson. They celebrated their 60th wedding anniversary May 29, 2003.

On May 3, 2003, Mary was named Aberdeen's 55th First Lady. This Sunday, September 14, she will be celebrated at a special reception at the Plymouth Congregational Church in Aberdeen. I know of no one more deserving of this very special honor.